


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90360 005 ***150.00

DOCUMENT # P00000056943

1. Entity Name
THE PARTAC GROUP, INC.



Principal Place of Business
2353 S.W. 11TH TERRACE
MIAMI, FL 33135

Mailing Address
2353 S.W. 11TH TERRACE
MIAMI, FL 33135

50041246



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
65-1016596

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TACORONTE, CRISTINA
2353 S.W. 11TH TERRACE
MIAMI, FL 33135

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D TACORONTE, CRISTINA**
 STREET ADDRESS **2353 S.W. 11TH TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33135**

TITLE Change Addition

TITLE Delete
 NAME **D PARDINA, FARA M**
 STREET ADDRESS **2200 S.W. 82ND AVEN E**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE Change Addition
 NAME **D PARDINA, FARA M.**
 STREET ADDRESS **2200 SW 82nd AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 305-774-7110
Date Daytime Phone #